

City of Tiffin Application for Employment

City of Tiffin 51 East Market Street Tiffin, Ohio 44883

INSTRUCTIONS: Complete this form accurately and completely. Please type or write legibly, in ink. Complete answers with a check mark (✓) where indicated. Your signature and affirmation are required. **Position Applied For** Full Time ☐ Part Time ☐ Seasonal ☐ Date you are available to start work Name Last Middle Address Street Number - No Post Office Boxes Home Phone _____ Work Phone _____ Social Security _____ Are you at least 18 years of age? Yes \square No \square Do you have a valid Ohio driver's license? Yes \square No \square Are you a citizen of the United States? Yes \square No \square Driver's license number Number State High School School Name City & State Graduated or GED? Yes ☐ No ☐ Graduated? Yes ☐ No ☐ College School Name City & State Years Attended _____ Degree / Major Graduated? Yes ☐ No ☐ College School Name City & State Years Attended Degree / Major Specialized Training: List any specialized training you have completed which applies to the position you are seeking. If needed, additional space is available on the last page. School / Training Facility **Dates Attended** Type of Training Are you a U. S. Military veteran ? Yes No Honorable Discharge ? Yes No Honorable Attach DD214 Copy The City of Tiffin is an Equal Opportunity Employer

Employment History: List all employment for the past 10 years, beginning with your most recent position. If needed, additional space is available on the last page.						
Employer		Positio	n / Title _			
Address						
	treet Address		City		State	Zip
Telephone	Employed From _	/ Date	_ To _	/ Date	_ Salary / Wage _	
Supervisor Duties / Responsibilities / Equipment Operated						
Employer		Positio	n / Title			
Address	treet Address		City	_	State	Zip
Telephone	Employed From _	/ Date	_ To	/ Date	Salary / Wage _	
Supervisor Duties / Responsibilities / Equipment Operated						
Employer		Positio	n / Title			
Address					<u> </u>	
Si	treet Address		City		State	Zip
Telephone	Employed From _	/ Date	_ To _	/ Date	Salary / Wage _	
Supervisor Duties / Responsibilities / Equipment Operated						
Employer		Positio	n / Title _			
Address						-
S ¹	treet Address		City		State	Zip
Telephone	Employed From	/ Date	_ To _	/ Date	Salary / Wage _	
Supervisor	Duties / Responsibil	ities / Equ	ipment O	perated _		

Have you ever been convicted of a crime in any state - other than a minor traffic offense? No 🔲 Yes 🖵						
If "Yes," provide details:						
<u>Offense</u>	Court of Jurisdiction	Disposition of Charge				
Are you currently on parole or probation	n in any state for any crime ?	No 🗆 Yes 🗅				
References: Provide names, addresses and telephone numbers of three (3) persons not related to you who would be familiar with your work habits and your skills for the requested position.						
RE/	AD CAREFULLY BEFORE S	SIGNING				
I, the undersigned applicant for employment, do swear or affirm that the information provided by me in this application is true, correct and complete to the best of my knowledge.						
I understand that any misstatement or omission of fact on the application will be cause for termination of employment, if hired, and / or criminal prosecution for falsification.						
Additionally, I authorize the City of Tiffin through its employees or agents to conduct a thorough background investigation to include a criminal history check, a check of my driving record, a check of former employers, and a credit check.						
I agree to hold the City of Tiffin harmless in all actions for any incorrect or adverse information provided by references, background, driving, employment, or credit checks which may or may not effect my employment.						
I further understand that, if employment with the City of Tiffin is offered and accepted, it will be employment At Will (unless I will be subject to a collective bargaining agreement as a union member). This means that either the City of Tiffin or I have the right to terminate the employment relationship at any time, for any reason, with or without cause or notice.						
I agree that any claim or lawsuit relating to my service with the City of Tiffin, Ohio must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitation to the contrary.						
Printed Name	Printed Name Signature					
 Date	_					

Additional Space, If Needed